Revision: HCFA-PM-91-

1991

(MB)

ATTACHMENT 3.1-F

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Stat	e/Territory: Rhode Island			
	COMMUNITY SUPPORTED LIVING A			
1.	Personal assistance.			
	Provided*: _x	Not Provided:		
2.	Training and habilitation ser individual in achieving increand productivity).	vices (necessary to assist the eased integration, independence		
	Provided*: ×	Not Provided:		
3.	24-hour emergency assistance	(as defined by the Secretary).		
	Provided*: x	Not Provided:		
4.	Assistive technology.			
	Provided*: <u>x</u>	Not Provided:		
5.	Adaptive equipment.			
	Provided*: x	Not Provided:		
6.	Support services necessary t in community activities.	o aid an individual to participate		
	Provided*: x	Not Provided:		
*In accordance with the requirements specified in approved Form HCFA-322.				

TN No. Q1-20 Supercedes TN No. NEW

JAN 1 4 1992

Approval Date

Effective Date10/24/91

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State/Te	rritory: Rhode Island	-			
<pre>7. Other services (listed below)*:</pre>					
a)	Transportation to/from commun	nity acti	vities		
p)					
C)					
d)					
e)		·			
f)					

Enclosed is a copy of p 42 from R.I.'s CSLA grant application which specifically listed out the services R.I. had requested.

*In accordance with the requirements specified in approved Form HCFA-322.

TN No. 91-20 Svr rcedes • NEW

Approval Date __JAN 1 4 1992 Effective Date 10/24/91